

Statement by Edward J. Markey (D-MA)
Briefing on the "Homebound Clarification Act," HR 1490
May 16, 2001

Good afternoon. Thank you, Jeff Kincheloe and Eric Sokol with the National Association for Home Care, Howard Bedlan with the National Council on the Aging and David Williams with the American Association for Homecare, for co-hosting this briefing along with the Alzheimer's Association, the American Association of People with Disabilities, United Cerebral Palsy and the ALS Association.

I would also like to give very special thanks to David Jayne, who made the long and arduous journey all the way from Georgia just to educate us on why the homebound definition is unfair and unjust in its current form. I have more to say about you, David, but first I'm going to talk a little bit about why we're here about the home health benefit and the homebound definition.

Medicare beneficiaries receive home health benefits because of conditions that give rise to a skilled nursing need. For example, they may have cancer, suffer from diabetes, have coronary artery disease, or suffer from ALS, spinal chord injury or Parkinson's Disease -- all ailments that render individuals in need of a skilled nurse to care for them on a regular basis.

Beneficiaries meet the qualifications for home health services because their medical condition means they can leave home with "considerable and taxing effort." However, the Medicare law also stipulates that absences from the home be of "infrequent and of short duration."

This stipulation literally forces many home health beneficiaries to become prisoners in their own homes. Despite meeting all the criteria under the law for needing a skilled nursing benefit, a quadriplegic beneficiary who is lifted into a wheelchair and uses specially adapted transportation, risks losing his benefit should absences from the home become more than infrequent and go beyond the arbitrary time-frame of a short duration.

The policy doesn't make any sense. To correct the problem, I introduced The Homebound Clarification Act of 2001, HR 1490 with my good friend Chris Smith (R-NJ) in early April. This bipartisan bill would base the homebound determination solely on the existing standard of whether leaving home requires "considerable and taxing effort," eliminating the number or length of absences as criteria.

Please keep in mind, we are not trying to expand the home health benefit and we are not seeking additional Medicare coverage, we are simply trying to improve the quality of life for individuals who already have the odds stacked against them.

This is a smart, compassionate policy approach.

Today we are extremely fortunate to have in our midst a tremendous example of courage and strength, Mr. David Jayne. Some of you may know David from a recent People magazine article the title of which was "Brave Heart," and a braver soul than David I have yet to meet. Despite fighting the daily battles that accompany a debilitating illness, David chooses to be an active parent in the lives of his children, an active citizen in his community and an inspiration in life.

But because David refuses, to limit his life to four walls and refuses to live his life as a victim of ALS, our government penalizes him. This is wrong. This is immoral.

Indeed, David has experienced losing his home health benefit and had to fight to get his benefit back

with the help of his Member of Congress, Rep. Mac Collins.

This experience led him to the realization that we have a national policy problem. So in January of 2001, he started a national coalition to amend the Medicare homebound restriction. This coalition includes approximately 10,000 individuals and 35 organizations all working together to amend our nation's Medicare policy.

Unfortunately, David's efforts to change national policy, put him at risk of losing his home health benefit, yet again. He's likely to pay for this trip to Washington with his skilled nursing benefit, because this trip does not qualify as a trip of short duration.

It's time to change this irrational requirement.

Last Congress, Chris Smith and I fought for clarifying the homebound definition and were successful in loosening the definition enough to allow for beneficiaries to attend adult day care and religious services. That was a start - but not enough.

We can do more, and we must.

Life's obstacles shouldn't be compounded by hard-hearted government bureaucrats. I look forward to continuing to work with all of you, and you, Mr. Jayne - a home-health-hero and a giant in the grass roots effort to change the homebound definition. Thank you.

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